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FRACTURE OF THE NECK OF THE OS FEMORIS.

To the Editor of the Boston Medical and Surgical Journal.

BE not alarmed, my dear sir, at the caption of this article. I am not about to inflict upon your readers a dissertation upon fractures: sooner would I go into a discussion of the prophecies upon the restoration of the Jews. The continued outpourings from the press afford conclusive evidence that the profession are not satisfied with present attainments upon the subject of fractures, and that the field still remains open for exploration.

It was truly said by Dr. Peirson, "There is a chaos of knowledge upon the subject of fracture; and yet, if an experienced man were to read the record of it all, his very next case of fractured limb might puzzle him."

I shall confine my remarks to fracture of the thigh bone at the neck. I have, in the course of my practice, met with a goodly number of these fractures, and with them my share of doubts and perplexities, both with regard to diagnosis and treatment. Oft have I paused and "wondered what I had better do;" nor am I now prepared to boast of remarkable success in this branch of practice. I can truly say, however, that for the last fifteen years I have engaged in these cases with far less reluctance than in the early part of my professional life; and for this reason, I generally expect a favorable termination without any extraordinary trouble to myself.

In saying this, however, I wish it to be distinctly understood, that to patients very far advanced in years, or with broken-down constitutions, I apply no dressing at all. A large proportion of these fractures occur in females somewhat advanced in life. Such individuals seldom fall from an eminence, because "they are afraid of that which is high." They never mount the upper scaffold to search for eggs; they never climb for cherries, or birds' nests; but they do walk upon the ice, they do tread on slippery places, and these are the traps in which they are most frequently caught.

A fall upon the great trochanter, with force sufficient to fracture the bone, is sometimes attended with so little pain, that the nature of the injury may for a time escape detection.

It was not my intention to have said a single word about diagnosis; but having imperceptibly prepared the way for it, I will briefly state a single case of mistaken diagnosis and its consequences. We are apt to regard as private property, that wisdom which we derive from our own mistakes; but no matter, I write for the benefit of others.

I was once called in consultation to visit a patient at a distance, who had recently injured the hip by a fall. We found no distortion or shortening of the limb; all the motions could be given to it by the hands of another, without producing much pain—in a word, it seemed like a very slight affair. I directed some application, without any particular dressing, and left the patient. The attending physician lived at some distance, and did not make frequent visits. At the end of twelve days, I was again sent for, and discovered the well-marked symptoms of fracture at the neck of the bone. This took me by surprise, and produced that peculiar and disagreeable feeling which arises from a consciousness of having done wrong. I applied the apparatus, and continued it a long time. The limb retained its position well, but no re-union took place—the patient remained a cripple. I was aware that this was by no means a new case; but it was new to me. I had never seen one like it. I had overlooked the nature of the injury, and omitted to enjoin that careful watchfulness which might have led to a more satisfactory termination.

This kind of fracture is easily reduced, but always requires some sort of dressing to keep the lower portion of the bone in its place. This dressing, or apparatus, whatever it may be, is always productive of more or less suffering during a protracted confinement. The object of this communication is to give to the junior members of the profession, a description of some deviations from the usual method of dressing, which, unless I have been deceived, not only have a tendency to save the patient some pain and the surgeon much labor, but also to render the treatment more generally successful. It was my intention to have sent you my views upon this subject some time ago, but have neglected to do so until a case of recent occurrence has again drawn my attention to it.

The bed is prepared in the following manner. Confine two boards together, making a flat surface two and a half or three feet wide, and six or seven feet long. To the smooth side of this, nail two pieces of joist, of the length of the platform, at a distance from each other sufficient to receive the body of the patient, and a few inches to spare. A bolster is then made of rugs, blankets or carpeting, like the cushion of a sofa without tufts, but of bulk sufficient to be five inches thick when compressed by the weight of the body. This bolster is somewhat wider than the platform, and its edges are confined with needle and twine. Then with a mallet and chisel, cut an aperture through the bolster five inches in diameter, at a point to correspond with the os sacrum of the patient; the edges of the aperture are also to be secured with needle and twine; it is then laid upon the platform and covered with a double sheet.

Previous to using this bed, patients used to suffer from excoriation, and sometimes sloughing upon the region of the os sacrum. It is some work to make this bed, but it saves so much trouble that I always do it.

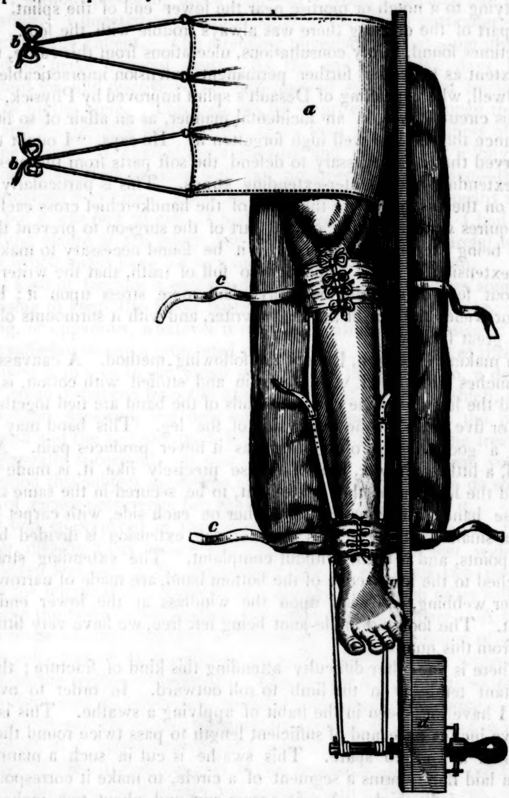
For counter extension, I use one of Desault's long splints, with Physick's crutch head. A roll of linen cloth, twelve inches long and one inch in diameter, is made to rest upon the perineum; at each end of this roll is attached a piece of India-rubber webbing, to be buckled between two mortises under the head of the crutch.

The old method of making extension is decidedly objectionable. This was done by doubling a silk handkerchief from corner to corner, applying the centre to the tendo-Achilles, crossing the ends over the instep, and tying to a notch or mortise near the lower end of the splint. From this part of the dressing there was always trouble with the foot. I have sometimes found, in my consultations, ulcerations from this cause, to such an extent as to render further permanent extension impracticable. Dr. Caldwell, when speaking of Desault's splint improved by Physick, alludes to this circumstance in an incidental manner, as an affair of so little importance that he had well nigh forgotten it. He says, "I ought to have observed that it is necessary to defend the soft parts from the pressure of the extending and counter-extending straps. This is particularly necessary on the *instep*, where the ends of the handkerchief cross each other. It requires *some attention* on the part of the surgeon to prevent this part from being excoriated, especially if it be found necessary to make forcible extension." This remark is so full of truth, that the writer might, without fear of contradiction, have laid more stress upon it; but the doctor wields the pen of the ready writer, and with it surmounts obstacles with great facility.

In making extension, I adopt the following method. A canvass band, five inches wide, lined with deerskin and stuffed with cotton, is passed round the leg above the calf; the ends of the band are tied together with four or five tapes on the upper side of the leg. This band may be tied with a good degree of tightness, as it never produces pain. Another band, a little narrower, but otherwise precisely like it, is made to surround the leg above the ankle-joint, to be secured in the same manner. These bands are connected together on each side, with carpet binding and a small buckle. In this manner the extension is divided between two points, and is borne without complaint. The extending straps are attached to the lower edge of the bottom band, are made of narrow India-rubber webbing, and wind upon the windlass at the lower end of the splint. The foot and ankle-joint being left free, we have very little trouble from this quarter.

There is one other difficulty attending this kind of fracture; that is, a constant tendency in the limb to roll outward. In order to overcome this, I have long been in the habit of applying a swathe. This is ten or twelve inches wide, and of sufficient length to pass twice round the thigh, and half a yard to spare. This swathe is cut in such a manner that when laid flat, it forms a segment of a circle, to make it correspond with the taper of the thigh. A strip across one end, about two inches wide, is spread with adhesive plaster; this end is made to adhere along the course of the vastus externus muscle; the other end is then carried over the top of the thigh, and twice round it, leaving the end of the swathe sufficiently long to pass over the other thigh. To this end of the swathe are attached tapes, to be tied to the bedstead on the opposite side. It may first be tried on the sound limb, that it may be made to take an equal bearing upon every part of the thigh. Whenever it becomes necessary to bend the sound limb, as will occasionally happen, the tapes are detached from the bedstead, and afterwards re-placed.

This is what the lumber men call the "rolling hitch," and it answers the purpose most perfectly.



Notwithstanding this long description, the apparatus is nearly as simple as that with which the dandy applies permanent extension to his pantaloons; and when once properly adjusted, seldom requires tightening, loosening or re-modelling during the confinement. It keeps its place; and very little extension, constantly kept up, is all that is required. Absolute rest is always desirable; by pulling the limb a little at one visit, and twisting it a little at another, we are sure to retard the progress of reunion.

Inasmuch as the success in these cases depends entirely on the dressing, this cannot receive too much attention; there should always be a perfect neatness about it—what the tailors call *a good fit*. A dressing that does not look well, never sets well; if the outward appearance be slovenly, the patient and friends are apt to be fearful that all is not right within; and hence that lamentable lack of confidence with which many a well-meaning practitioner has to contend. The difference between dressing *pretty well* and *very well* seems but little; but little as it is, it frequently constitutes the difference between success and defeat, between life and death. It is said of Dr. Dudley, that his remarkable success in the operation of lithotomy has depended more upon the preparation of his patients, and his minute personal attention to the subsequent treatment, than upon the dexterity with which he performs the operation.

A great variety of machines have been contrived to be used in the treatment of fractures; but very few of these have been derived from practical men, and still fewer of them have ever come into general use. A machine, exhibiting a beautiful combination of the mechanic powers, is one thing; but the application of that machine to a fractured limb, is another and a very different thing. Many a distinguished surgeon bestows a gentle puff upon an apparatus which he never thinks of trying himself. He treats his own cases in his own way; yet he signs one of these recommendations with the same indifference that he would witness a contract for building a bridge or grading a rail-road. But upon the strength of this recommendation, the young surgeon is liable to adopt the new method, and this perhaps in his very first case. Under such circumstances he assumes the responsibility of an experiment, which if unsuccessful may prove fatal to his future progress.

With regard to the time of applying the dressing, there is a difference of opinion among surgeons. Some say immediately after accident; others advise to wait two, three or four days. In deciding this point, the anxiety of the patient and friends is a circumstance not to be wholly disregarded. It is sometimes difficult to convince them that no time will be lost by leaving a broken thigh three or four days without *setting*.

Having alluded to a recent case, I will give a concise description of it, although it was not attended with a single circumstance of particular interest.

On the 19th of February, 1844, Mrs. R., of Burlington, received a fall by a slip of the foot upon ice. I saw her two hours after the accident, and found a well-marked case of fracture at the neck of the thighbone. The patient 59 years old, large and fleshy. Directed cathartic and a solution of acetate of lead.

21st, two days after, applied apparatus; discontinued solution and kept everything dry; directed low diet, and prohibited the use of dry bread and cakes, on account of crumbs.

23d.—Restless nights. Had cramp in limbs, but did not complain of any particular part of dressing.

25th.—Patient tranquil. Dressing in good order. From this time to the first of April, I visited once or twice a week—but having had little or nothing to do, have nothing to record.

At the end of six weeks, the dressing was removed; limb of full length, no turning out of the foot. At the end of sixty days she was able to bear a little weight upon the limb, and convalescence gradually progressing.

I have not the means of determining at what period the dressing may be safely removed. I never try the limb until I suppose the bone has had time to unite.

Mrs. Johnson, of Billerica, fractured the bone at the neck, in January, 1831, at the age of 63. The dressing was removed at the end of fifty-five days.

In December, 1834, she met with a similar accident upon the opposite side—in both instances by falls upon the ice. In this case I also removed the apparatus at the end of fifty-five days. It probably might have been removed sooner, for she kept very still. Mrs. Johnson is now 76 years old—is not lame, occasionally walks two miles to meeting, and last year received a dollar a week for nursing the sick.

In surgery, as in everything else, great allowance is to be made for the medium through which a man views his own improvements. In doing this, he is apt to shut one eye, and apply the magnifying glass to the other; precisely as the fond parent views his own children; he always imagines that his daughters are beautiful, and that his sons are fine fellows, and is astonished when he finds that they are not so regarded by others. But upon such matters the community will always decide for themselves, and from their decision there is no appeal. Yours truly,

Billerica, April, 1844. Z. Howe.

ON MYOPIA.

By W. Clay Wallace, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Definition.—Distinct vision only at less than the usual point.

Causes.—Myopia may be occasioned by—1, too great convexity of the cornea; 2, too great convexity of the crystalline; 3, malposition of the crystalline.

1. *Too great convexity of the cornea.*—"While it is undeniable," observes Dr. Mackenzie, "that in aggravated instances of myopia, the cornea, natural in diameter, may be observed to project considerably above its average altitude, it is also certain, that this conformation is by no means a common, nor even a frequent attendant on the disease.

2. *Too great convexity of the crystalline.*—Although unusual convexity of the crystalline probably occurs, Percy and Reveillé-Parise ex-

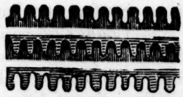
amined the eyes of subjects who were short-sighted when alive, without being able to observe it. Myopia and presbyopia are sometimes suddenly produced, or suddenly removed—effects which would not probably take place, if the complaints arose from altered configuration of the refractive media.

3. *Malposition of the crystalline.*—For a clear understanding of this, which is the most frequent cause of myopia, it will be proper to inquire into the method by which the eye is adjusted to different distances.

ACCOMMODATION OF THE EYE TO DISTANCES.—This has been referred, 1, by some to alteration of the diameter of the pupil; 2, by a few to muscularity of the crystalline; 3, by a greater number to pressure of the external muscles changing the convexity of the cornea; and, 4, to alteration of the position of the crystalline.

1. *Alteration of the diameter of the pupil.*—As the eye is constructed on the same principle as the camera obscura, it is evident that alteration of the diameter of the pupil can have no greater effect in producing in the eye a distinct image of objects at different distances, than alteration of the diameter of a camera obscura in its adjustment. In the latter instrument the lens is slided, or the screen is shifted backward or forward until the representation becomes distinct. When a person endowed with the usual powers of vision looks at a near object, the pupil is observed to contract; whereas, in a myope, it is almost always expanded.

2. *Muscularity of the crystalline.*—The fibres of the crystalline, prismatic in form and brittle in consistence, are totally different from muscular structure; and if they really did possess contractility, there is no point of attachment from which the fibres could act. In a certain species of hawk, the crystalline is a plano-convex, and it is in all animals so exquisitely cut, if I may use the expression, that the irregular corrugation of muscles would produce irregular refraction. In aquatic animals, where the crystalline is dense, the fibres are separated from each other with so much difficulty, that it is not probable they could slide over each other, in such a manner as to produce the supposed effect. Sir D. Brewster has ascertained that in these animals the fibres of the crystalline are hooked or dovetailed into each other by a species of teeth, which would of course prevent any change in the configuration of the refractory medium. In the mammalia, Arnold has ascertained that the fibres are tubular.

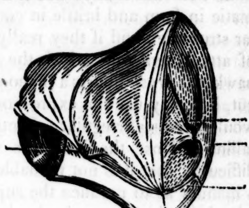


3. *Pressure of the external muscles.*—The external muscles of the eye are solely adapted to move the organ in different directions. If adjustment depended on them, the focus would be disturbed with every motion; but we can look steadily at an object and roll the orbit round the eye, without moving the image on the retina. After the operation for cataract, the muscles and cornea are as perfect as ever, yet the power of adjustment is lost; glasses of different powers being necessary to view near and distant objects. After the operation for strabismus, the eye can be adjusted as well as before it, even when one of the obliqui has

been divided. Operations for the cure of myopia by dividing the external muscles, should be therefore condemned.

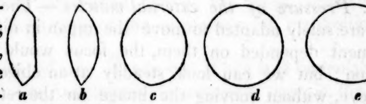
It is admitted that the eyes of all animals are constructed in adaptation to the known laws of the refraction of light; that rays will deviate from straight lines and be collected in a focus only when they pass from rarer media to denser. Now granting that pressure of the external muscles produced increased convexity of the cornea, rays of light proceeding from an object under water, to the eye of an animal immersed in the same fluid, would not by that means pass to a medium materially denser, and would not undergo sufficient refraction. Increased convexity of the cornea could not be produced in the eyes of some animals, for the sclerotica is sometimes so firm, that no pressure of the external muscles could alter the form of the cornea. In the sturgeon the sclerotica consists of firm cartilage; and firmness is given to the sclerotica of the sword-fish by a covering of bone.

It is generally asserted that the bony ring at the anterior portion of the sclerotica in birds, can be so compressed by the external muscles that the cornea may be made more convex, and that they are thus endowed with their extraordinary powers of near and distant vision. We would accordingly expect that where the ring is largest and strongest the muscles would be strong in proportion. The bony ring in the owl is, compared with the size of the organ, perhaps larger than in any other bird; yet there is not a single muscle by which it can be moved. It cannot be drawn against the posterior part of the eye to occasion convexity of the cornea when there is nothing to draw it. Indeed it is difficult to conceive in what manner muscles for moving the eye could be adapted to an organ of such extraordinary power. They would require to be of very unusual size to operate with such a disadvantageous lever. The most probable use of the bony ring is to give firm attachment to the ciliary body.



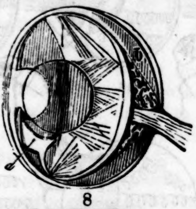
4. *Change of position of the crystalline.*—This theory was advanced by Kepler, and was supported by Poterfield and afterwards by Knox, yet none of them have fully detailed the method by which it is accomplished.

Varieties of lenses.—The form of the crystalline in animated beings is either—*a*, a plano-convex; *b*, a double convex; *c*, an oblate spheroid; *d*, a sphere; or *e*, a prolate spheroid. When the crystalline is a perfect sphere, there is no aqueous humor; there is no canal of Petit; there are no ciliary processes; nor is there anything like a ciliary body. The sphere is suspended, and kept in position by the membranes of the vitreous humor, some of which pass through the retina,



at the line which in these animals divides the lower portion of the tunic, and they are firmly fixed to the choroid.

Adjustment of spherical lenses.—Beneath the spherical crystalline there is a muscle, which though it varies in shape and size, is very conspicuous in the halibut, the dolphin, and the striped bass. In the halibut, lying diagonally across the eye, it is hatchet-shaped (figs. 8, 9, *a*), arising from the lower portion of the capsule to be attached slightly to the uvea, but firmly to the anterior and lateral portion of the membranes of the vitreous humor. In the dolphin (where it is best seen) and in the striped bass (figs. 10, 11, 12, 13) it is triangular, and passes through a loop at the back of the iris, to be attached to some of the membranes of the vitreous humor. This muscle is supplied by a large branch of the third pair of nerves, which in fishes is acknowledged to be analogous to the fifth pair of the mammalia. When the muscle contracts, the crystalline approaches the cornea and is adjusted to near objects; while it is drawn back, or adjusted to distant objects, by the elasticity of the membranes of the vitreous humor, the firmest of which pass through the slit in the retina before mentioned (fig. 14, *a*). The rotation effected by drawing forward such a crystalline from only one point of attachment will not produce an irregular image, as the diameters of a sphere are always the same (fig. 15).



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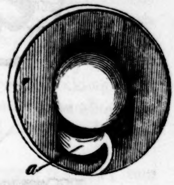

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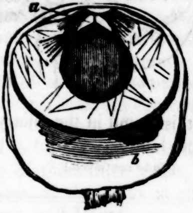

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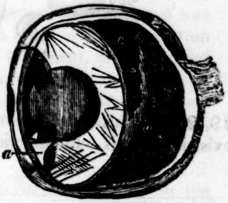

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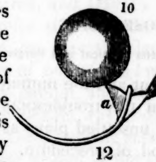

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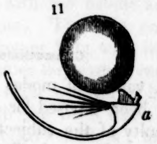

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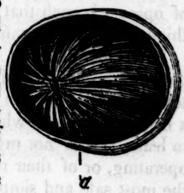

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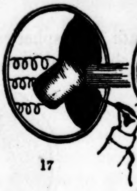
Adjustment of double convex lenses.—As the diameters of lenses of any other shape than spheres would be altered by drawing them forward from only one point of attachment (e. g., figs. 16, 17), there must, when the crystalline is not a perfect sphere, be some other arrangement for adjustment, by drawing it forward from more points than one (e. g., figs. 18, 19, 20). This arrangement is found in the ciliary body which does not exist in animals with spherical lenses.



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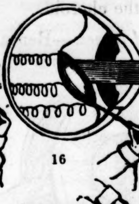

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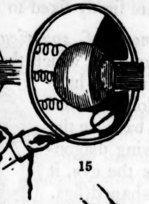

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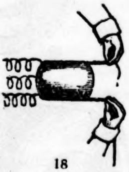

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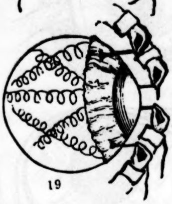

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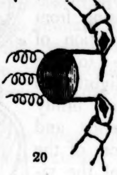

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[To be continued.]

VARICOSE VEINS.

[Communicated for the Boston Medical and Surgical Journal.]

The variety of modes of treatment and the numerous operations which have been devised for the cure of this troublesome complaint, show the difficulty of the subject, and the unsettled plans as to which is the most safe, judicious and effectual method of procedure. Some surgeons condemn any surgical operation as dangerous in the extreme, while others confidently assert that the operation does no good; while among those who believe an operation of some kind feasible and useful, the diversity of opinion is such that out of six or eight different plans, each individual thinks his the most safe, simple and effectual.

That operations on veins are not in some constitutions attended with dangerous phlebitis and severe constitutional disturbance, I am not prepared to deny; but that it is *necessarily* so in subjects judiciously selected, or in a majority of cases which present themselves to the surgeon, I have yet to learn. It is not my intention to discuss the variety of methods of operating, or of their relative merits, but to relate what I conceive to be the most safe and simple. For the suggestion I am indebted to Ricord; although mine differs in some respects from his operation, yet the principle is essentially the same. It is by the subcutaneous ligature. A curved lancet-pointed needle, armed with a strong ligature, is passed *beneath* the vein after pinching it up with the thumb and fore finger; the vein is now let go, but the fold of skin retained, and the point of the needle passed into the orifice of the puncture and brought out where the needle entered, *above* the vein, and firmly tied.

By this operation the vein alone is included in the ligature, without much pain to the patient, and the subsequent inflammation in those cases where I have tried it has been trifling. As many branches may be surrounded in this manner as the case requires, or as the surgeon deems advisable, repeating it subsequently if the cure is not complete. The ligatures will generally cut through the vein in from ten to twenty days, or may be removed sooner. Some considerable inflammation follows; but in all the cases I have seen, it was limited to a small space about the seat of the ligature, and in one or two instances small circumscribed abscesses formed, which, however, soon healed.

The number of cases in which I have tried this method is eight; two for circocele, and six for varix of the lower extremities. The cases of circocele were of long standing, and the number of ligatures used was two in each case. Considerable pain and much swelling of the scrotum followed, but this was reduced by appropriate treatment, and a perfect cure followed. The cases of varix of the extremities were such that the patients were obliged to wear a bandage constantly to keep about. Two had extensive ulceration of the limb. In all, a perfect cure was the result, which has continued to be permanent, as the last case was operated on a year ago, and some of them three years.

I have tried the excision of the veins in circocele, according to the recommendation of Warren, and Davat's operation with the needle and ligature, and I much prefer the subcutaneous ligature. The first case where I treated the vein on Davat's plan, was a young lady who had been troubled with varix of one of the lower extremities for seven years. The limb was extremely painful, and she could not walk without its being firmly bandaged. A needle was passed beneath the main trunk of the saphena, and the ligature applied according to Davat's method; four of the branches were also treated in the same way in the calf of the leg. On the fourth day the pain and inflammation were such as to give me much anxiety, though there was little general disturbance of the system; but on the sixth, a severe chill, followed by high fever, and excruciating pain extending up the thigh to the trunk, still further increased my apprehensions for her safety. I bled her, gave a cathartic, and removed the needles and ligatures, but the inflammation lasted several days, abscesses formed along the track of the vein, which were a long time in healing. The result, however, was a perfect cure of the varices, which has remained permanent. The recollection of this case has deterred me from repeating the operation since. A. B. Shipman, M.D.

Cortlandville, N. Y., April 26, 1844.

TRICHINA SPIRALIS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir.—In making an autopsy of a laboring woman who died of latent acute peritonitis, supervening upon the evident symptoms of pneumonia of the lower lobe of the right lung, I found more specimens of these curious animalcula. Dr. Jeffries Wyman and I examined different specimens quite minutely. The body called the ovarium by Dr. Farr was distinctly seen in one, and some faint traces of an internal canal were visible in another. They were found in all the voluntary muscles that were examined. But the most curious fact, and what seems apparently connected with them, was an intolerable itching to which the patient had been liable for more than two years before death, whenever she had labored harder than usual. This itching was universal, and was worst after retiring to bed, but it was wholly relieved by a night's rest. There was no apparent disease of the skin to account for this. As I am not aware that any symptom apparently connected with them has ever been noticed, the above fact seems curious. It would seem, *a priori*, that the violent muscular exertions necessary in washing would incommode these animalcula, lying as they do in the midst of the minutest muscular fibres. Yours truly, H. I. BOWDITCH.

Boston, May, 1844.

AN EXPERIMENTAL FAST.

THE *Gazette Médicale* of Feb. 24, 1844, contains a curious paper by a country physician, entitled *un carême* (a Lent.) He observes, that in Paris Lent passes away unperceived ; while in the country the practitioner is often consulted by persons who want to know whether and in what degree they may fast, without injury to their health.

The writer, who appears to have fasted from religious motives, but also as a physiological experiment, kept the Lent of 1839 in the following manner. He arose on the average at 6 o'clock, and ate nothing till 12. At noon he dined, his meal consisting of eggs, fish, vegetables, and dessert, except during the last three days of Passion-week, when eggs are not eaten. At 8 or 9 in the evening he supped on cheese, sweetmeats, and stewed or dried fruit. He did not take milk at this repast, as it is only allowed in some dioceses. Nor did he eat plovers, coots, sea-ducks, or any other aquatic birds, though permitted by the church. As to quantity, he always satisfied his appetite, the fatigues of his profession not allowing him to do otherwise. On Sundays he did not fast, as it is not required. Moreover, he once broke the fast, ten days before Easter. He had passed the night at a labor, from which he had to return on foot, and had the prospect of a hard morning's work before him. A saint, he says, could not have done otherwise. Every ten days he was weighed, and tried his strength by means of a steelyard; he also made daily notes of what concerned his appetite, his digestion, the alvine and urinary evacuations, the genital functions, sleep, and his general state of comfort or discomfort, both physical and moral.

He did the same thing for a month before the commencement of Lent, and a month after its termination. His weight varied but little, being never less than 60 kilogrammes, or more than 60¾. On Easter Sunday he weighed 60½, being exactly as much as on Shrove Tuesday.

A kilogramme = 2 lb. 3 oz. 4 dr. 2.45 gr. Avoirdupois; so that 60 kilogrammes = 132 lb. 6 oz.

The variations in his strength, as measured by the machine, were greater, but did not lead to any satisfactory conclusion.

His appetite was not much influenced by Lent. It failed him now and then, but not so frequently as in the previous or in the subsequent month.

His digestion, in like manner, was about the same, the unfrequent and slight inconveniences which he noted occurring indifferently during Lent or the subsequent month; but more frequently during the previous month, on account of his dining out; for frequent dinings-out he found more difficult to bear than keeping Lent. "You will fancy," he says, "that I was constantly dining out, and be scandalized at it. As a compensation, think of my Lent. Besides, the reputation of us doctors is already fixed, and I have nothing to lose."

It is said that lenten diet is heating, *i. e.* constipating, and much more so when combined with total abstinence. This the author found to be true. From Jan. 13th to Feb. 13th, being the month which preceded Lent, only three days passed without a stool; and only two in the month which followed Easter Sunday; while there were nine during the forty-six days of Lent. This was not alarming, and he did not suffer from it; but he is aware that in many persons the constipation thus produced is much more obstinate, and consequently much more inconvenient. In his case, the influence of diet was modified by exercise in the open air, the necessary attendant upon his profession.

The contrary state, or diarrhœa, occurred twice, each time for a day, in the month which preceded Lent; once during the month after Easter; and never during Lent. On one day he had two stools, which is unusual with him; and occasionally slight colic from the use of prunes.

His sleep is generally good, but was less so during Lent. It was disturbed or broken nine times during the month preceding Lent, nine times during the month after Easter, and nineteen times in Lent; and as he had less to disturb him in Lent than the preceding month, he very reasonably supposes that the diet had some influence.

"Sleep is subject, as every one knows, to strange aberrations, particularly if a man lives continently; and I did so. It was by this that I sought to measure the aphrodisiac power attributed to fish. For occurrences of this kind my notes give me the number 5 during the thirty days which preceded Lent, 5 during the thirty which followed it, and 6 during the forty-six days of Lent itself. Hence I found myself in Lent rather below what I consider my normal state in this respect, though I ate a great deal both of sea and river fish. So that to judge by my personal experience, the prolific power attributed to ichthyophagous nations by Herodotus and other historians, and also by physicians, would seem very problematical."

The conclusion which he drew from the sum of his sensations was, that lenten diet, even of the best kind, is a poor thing for a man accustomed to eat meat. Fasting, *i. e.*, total abstinence, is still more weakening. The latter part of his mornings (particularly after 10 o'clock, his regular breakfast hour) passed away in great discomfort, in a sort of torpor, dulness and sleepiness, which he found it difficult to struggle with, in spite of the presence of patients. At that time, too, and, in a less degree, during the whole day, he felt himself more sensitive to cold than usual. Putting aside total abstinence, which he seems to have observed only that year, and passing over some very few infractions, he kept Lent, he says, for seven years running.

As he supposes that his *cher confrére* at Paris has not many patients who consult him about keeping Lent, he sends him this narrative as an experiment on a particular kind of diet. He thinks that the ancients knew more on this point than we do, and that the majority of practitioners are reduced to the mere notions of cooks, about eel being heavy, and haricot beans flatulent. Others have got beyond this, and will tell you confidently of some very few aliments which have been analyzed, that they are nourishing, or not nourishing, seeing that they contain such or such a proportion of azote. Yet, in spite of these analyses, the peasant and laborer, though fed upon something declared not to be substantial, can easily carry weights, which the citizen gorged with azote could not lift. "Doctors, give up your whims, or let the workers in science divide their toil; and while some penetrate into the very bowels of nature, let others take up a mode of observation more extensive, though less deep, and just inform us of the action of substances on the organs of man."—***Lond. Medical Gazette.***

BELLADONNA IN DYSMENORRHŒA AND NEURALGIA.

Dr. Golding Bird, at a late meeting of the London Medical Society, said he would make some practical observations on a subject which had been mentioned some time since, the treatment of dysmenorrhœa, and for which the president had recommended veratria frictions over the loins. It is a very frequent complaint among unmarried women, so much so that Dr. Bird believed that every third case among them in practice was one of this malady. He was of opinion that an irritable uterus was connected with the various pains and aches which young people suffer from. The plan of treatment which he was about to recommend, was certainly empirical, but it was also very successful; he had received it from his brother, when he was attending the practice of Dr. Roe in the Westminster hospital. In treating these cases, he drew two distinctions founded on the seat of pain. In the first, there is experienced more agonizing pain at the lower part of the abdomen, just over the situation of the uterus: in the second class, the pain is felt across the loins, and there is a decided variety, where the pain is a compound of both. The first of these is the most intense, and the most frequently met with. He (Dr. Bird) has seen a lady roll off the sofa on to the ground in her agony of suffering. In cases where the pain is seated over the region of the uterus, in the lower part of the abdomen, he has given the belladonna internally, taking care that the extract is properly prepared, and has invariably found it successful; great relief is experienced at the next menstrual period; greater still at the succeeding one, and a cure is finally accomplished. The mode of exhibition must be modified according to the temperament of the patient. In young women, of a pale leucophlegmatic habit, with a pallid or chlorotic face, it should be combined with the sulphate of zinc, in the proportion of five grains of extract of belladonna to twenty grains of the sulphate of zinc made into twenty pills, one to be given every two or three hours, immediately on the accession of the pain at a menstrual period, until the pain ceases. For girls of a plethoric habit, with a red face, the extract should be combined with ipecacuanha, in the proportions of five grains of extract to ten grains of ipecacuanha, made into twenty pills, administered in the same manner as the preceding. The previous treatment should consist in clearing out the bowels, improving the general health, and removing cachexia, and an aperient of castor oil or olive oil should be given before the occurrence of the menstrual period. This treatment is to be repeated at each menstrual period, and will always effect a cure if there be not any organic disease, and the dysmenorrhœa be unattended with the discharge of shreds of false membrane. By removing the irritable condition of the uterus, and curing the dysmenorrhœa, the pseudo-pleurisies and pseudo-peritonitis, for which bleedings were formerly, unfortunately, so largely practised, will soon get well. The cases in which the pain is seated, chiefly in the loins, do not yield to the employment of belladonna. This Dr. Bird considered was owing to congestion of the uterus. Fortunately the cases that are remediable are the most frequent.

Mr. Pilcher mentioned that he had tried belladonna in certain cases of neuralgia of the face, but not with the satisfactory result he had been led to expect. This he thought might have been owing to the bad preparation of the drug. He had since turned his attention to the exhibition of quinine, with which he had successfully treated two cases of neuralgia of the face and breast. Some years ago he gave a nephew of his, a boy six years of age, then laboring under a severe attack of pertussis, a combination of the extract of belladonna, with ipecacuanha, in the proportion of a grain of the extract to half a grain of ipecacuanha, three or four times a day, with marked benefit, the paroxysms being materially shortened, and great relief afforded. No narcotism was produced. In another case, that of a delicate little girl, it also afforded relief, but it produced dangerous symptoms of narcotism, and it was consequently given up. He had directed it in several cases of tic douloureux, but it had not produced the effect he had anticipated. In the case of a barber's clerk, whose health was much broken by neuralgia, caused by a decayed tooth, which had long since been extracted, he had prescribed a combination of three grains of quinine and a quarter of a grain of morphia every four hours, with very great relief. He had seen the man only twice, and he had not had any pain for forty-eight hours. In the case of a woman, also suffering from a similar affection, the same combination and smaller doses had afforded great relief. In neuralgia of the breast, where quinine fails, he had found benefit from Batty's liquor cinchonæ.

Dr. Waller observed that Dr. Bird's recommendation of belladonna in these cases should not be lost sight of by him. He had been in the habit of prescribing it in such cases by itself with advantage, but could not effect a permanent cure. He had also employed the extract externally, spread on leather, with a rim or margin of adhesive plaster to make it adhere. In painful dyspepsia, gastrodynia, he had been in the habit of prescribing it with benefit. In one very obstinate case he had combined it with large doses of Scheele's prussic acid. He had also ordered it in cases of anomalous pains, of which he could not well tell the origin, and in one case in particular he had made a lucky hit, for he could not call it anything else. An old lady, who had a curious pain at the back of the shoulder, from which she had been suffering for several months, was relieved by it in forty-eight hours. He thought the distinction drawn by Dr. Bird with respect to the seat of pain in dysmenorrhœa, a very important one; in cases where the pain is felt principally in the loins, he had found more benefit from the application of leeches inside the vulva than from anything else.—*London Medical Times.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 8, 1844.

Ethnological Inquiries.—In London there is an organized society, which, takes cognizance of all discoveries in ethnography. From the minutes of their doings, however, the members seem not to have accomplished a single important labor. Travelling gentlemen forward descriptions of families of men they may have visited in remote parts of the globe, and the Secretary, doubtless, records very correctly the regular transactions of the learned body.

All that strictly belongs to ethnography in the United States, is conducted by a single individual, who alone has accomplished more, we are inclined to think, to excite surprise, and to urge on to future exertions in this interesting study, than the combined labors of all the members of the London Society together. Dr. Morton, of Philadelphia, is the man. He has finally brought to a conclusion a series of researches on the ancient Egyptians—the builders of the pyramids—which is destined to produce a sensation in high literary and scientific circles.

It is hardly an appropriate place, in a medical journal, to discuss the merits or intrinsic value of a treatise purely devoted to ethnography. Still, it is a proud circumstance, that one of the profession, extensively engaged in the active rounds of medical practice, has so improved the little leisure that occurs, as to produce a great work on an important subject, which is calculated to impart essential light, if it does not solve a grand problem in regard to the early inhabitants of the Valley of the Nile. Who were the constructers of the colossal monuments of ancient

Egypt, that have defied the elements, the physical revolutions of the earth, and the ruthless hand of successive nations of barbarous men, for upwards of three thousand years? Dr. Morton has answered the question. He has examined the skulls of the people themselves, and shown by those unerring rules which science long since revealed, that they were Caucasians. They were not a race of Negroes, as was once supposed. Dr. Morton has proved, by incontrovertible evidence, that his deductions are legitimate, and that no future ethnographical inquirers in the same department of science can undermine the positions he has assumed, or the truths he has been the first, perhaps, extensively to develope.

The Blood in Diseases.—Drs. J. F. Meigs and Alfred Stillé have translated "*An Essay on the Blood in Diseases, by G. Andral*," which has recently been published at Philadelphia, by Messrs. Lea and Blanchard.

Pathological hæmatology is that branch of the natural sciences, says the author, the subject of which is the blood. About a century ago, he observes, one Thomas Schwenke, a name now hardly known even to men of extensive research, wrote, under the title of *hæmatology*, a treatise on the blood, considered in the condition of health and sickness; but till M. Andral completed the work under consideration, no one has written so minutely or learnedly on this curious topic. The book of which we are speaking is a thin octavo, of genteel exterior, having but 129 pages. It may, therefore, be quickly read—an object of some importance in this bustling age. There are two chapters. The first regards the best method of pursuing the study of pathological hæmatology. The second is devoted to the blood in diseases: in plethora; in anæmia; in pyrexia; in phlegmasiæ; in hemorrhages; in dropsies; in organic diseases; and in neuroses. For sale by Ticknor & Co.

Cyclopedia of Practical Medicine.—Part II. of this valuable work, revised by Dr. Dunglison, is now ready for distribution, embracing articles of great value to medical practitioners. The dissertations and papers under the letter A are concluded in this No., and also one essay under B. As this publication deserves a good circulation, those who have not particularly informed themselves of its character and practical value, should examine specimen Nos. for themselves.

A Medical Almanac.—Some months since, preparation was made in New York, by Dr. C. A. Lee, for bringing out a medical almanac, something like the one formerly conducted by ourselves, it is presumed. It is possible that the multiplicity of literary labors with which Dr. Lee is identified, may have interfered with his intentions in regard to it. However, when it appears, we shall be sure that it is well prepared, since he does nothing at the halves.

We have had considerable experience in the drudgery of compiling such an almanac, having gone through with it several years in succession. The sales of the work were always active, and copies were sought even by gentlemen in Europe. But owing, in a measure, to the misfortunes of publishing houses from about 1837 to 1842, when the pecuniary affairs of the country were exceedingly embarrassed, we did not realize a sufficient compensation for our efforts in compiling the materials, to warrant a continuation of the series annually, as at first contemplated. Happily, the country is now in prosperity, and no class of merchants appear to spread their sails to the popular breeze with more confidence than the publishers of books. Under this favorable aspect of affairs, then, we not only anticipate the speedy and successful advent of the new medical almanac, but a multitude of other publications, in all the arts and sciences, calculated to diffuse knowledge and increase the amount of human happiness.

Treatise on Operative Surgery.—A very elegant and excellent quarto volume, on surgery, containing four hundred and eighty-six lithographic illustrations, by Joseph Pancoast, M.D., of Philadelphia, from the press of Carey & Hart, was received too late for an extended notice this week. We know the eminent qualifications of the industrious author, and therefore anticipate a high degree of satisfaction in the examination of a work which will perpetuate his name to future ages.

Dr. Perkins's Lecture.—When the spring term of lectures opened at the Castleton Medical College, the last of February, the President of the institution, Dr. Perkins, delivered an introductory discourse, which has since been published by the students. It is distinguished for good, plain common sense. After explaining the use and objects of anatomy, physiology, chemistry, general pathology, the practice of medicine, materia medica, obstetrics, medical jurisprudence, &c., he judiciously announces to the students what they have to do—what is expected of them. With equal plainness, Dr. Perkins speaks of the faculty, their relationship to each other, and their duties.

Restored Vision.—A remarkable case of perfect restoration of vision, after a total blindness of many months, has been brought to our notice within a few days, which reflects the highest credit on the skill of Dr. Davenport, of this city. The patient had been dreadfully injured by an explosion of powder, which wholly destroyed one eye, and so deranged the other that no encouragement had been given, before he fell under the cognizance of this gentleman, that light would again shine in upon the retina. Owing to extensive inflammation, the pupil was obliterated; and no one less ardent or devoted to the interests of his profession, would have indulged a hope of opening a new window through the thickened, semi-transparent tunics of such an eye. A new pupil was formed—and, lo! a cataract was found. Dr. D. couched the unfortunate man—and, to their mutual delight, vision was restored. A beautiful colored drawing has been executed, illustrative of the external appearances before the operation, which should be published for a guide in similar cases. We are expecting the details at a convenient time.

Tooth Extractor.—Dr. Edward Maynard, of Washington, the Junior Editor of the American Journal and Library of Dental Science, in his lively and instructive "Gossip" in each number of that invaluable periodical, has many useful hints and suggestions respecting the practice of dentistry, some of which have formerly been copied into this Journal. The following is from the March No.

"Much diversity of opinion exists respecting what is the proper shape and curve for the hook or claw of the key instrument for extracting teeth. Some advocate the claims of a section of a circle, some prefer a section of an ellipsis, &c. We have one (the *only* one we ever saw), copied after the eagle's claw, which, with a little greater curvature, we made it to resemble as nearly as we could and adapt it to its shaft. To prevent its slipping sideways, we filed the point so as to make it an edge one-sixteenth of an inch wide, and then divided this edge into two points, the dividing notch being about one-twentieth of an inch deep. We like this hook greatly:—because, 1st, it may be applied to a tooth at any point of its side, so as to *rotate* the tooth (an effect sometimes desirable) at the same time that it is rising from its socket, and turning toward the shaft of the instrument. 2dly. It may be applied without much displacement of the gum, thereby lessening the amount of suffering from the operation. 3dly. It has just enough metal, and in just the right place, to be strong enough without being clumsy. Supposing our hook to be an arc, its chord, measuring from the points to the centre of the hole, is about three-fourths of an inch in length, and its versed sine, measuring to the inside of the hook, about half an inch."

Willoughby Medical School.—Henry H. Childs, M.D., late Lieut. Governor of Massachusetts, has been appointed Professor of the Theory and Practice of Medicine in the medical department of Willoughby University, Ohio, and accepted the chair. Dr. Childs is a veteran in medicine, and extensively known for his medical acquirements as well as excellent social qualities.

Medical Miscellany.—Scarlatina is represented to be raging fatally in some parts of South Carolina.—The smallpox is raging at Porto Cabello.—The Boston Medical Association met on Monday last—the annual meeting for the transaction of business.—Mrs. Wakefield, of Cumberland, R. I., had three sons at a birth, a few days since, who are all doing well.—Surgeon Pinckney, U. S. N., has arrived from Carthagena, bearer of despatches for Government.—Dr. Grant and Dr. Savage, in Africa, Dr. Cragin at Surinam, and Dr. Parker in China, are extending the fame of their country by their skill, learning and benevolence.—Some surgical instruments have lately been dug up at Pompeii, which are much like modern ones used in lithotomy.—Two courses of lectures are now going on in New York—one at the Crosby-Street School of Medicine, and one at the Hospital; both are fully attended—about eighty students.

Erratum.—In No. 10 of this Journal, in the list of graduates of the Jefferson Medical College, the name "Azariah S. Shipman" should have been printed Azariah B. Shipman.

Number of deaths in Boston for the week ending May 2, 37.—Males, 15; Females, 22. Stillborn, 7.

Of consumption, 6—intemperance, 2—marasmus, 2—erysipelas, 1—fits, 1—dropsy, 1—scarlet fever, 5—paralysis, 1—accidental, 1—inflammation of the bowels, 2—disease of the heart, 1—cancer, 2—lock-jaw, 1—debility, 2—croup, 1—lung fever, 1—inflammation on the brain, 1—worm fever, 1—old age, 2—child-bed, 1—dropsy in the brain, 1—typhus fever, 1.

Under 5 years, 10—between 5 and 20 years, 6—between 20 and 60 years, 14—over 60 years, 7.

Extreme Atmospheric Heat.—I have heard fifty places picked out as the hottest in India, but Calpee certainly was always one of them. Heat to the human constitution and feelings is a relative term. Dr. Clarke mentions the heat of his marches near Jerusalem; he states the height of the thermometer at 102 Sechem. I have been encamped, with a considerable force, in the "merry month" of May, on the sands of Mynpooree, in the Doab, in excellent tents of double flies; yet in spite of taties, for there was seldom a breath of air, the thermometer rose daily to 125. I have, on horseback, hunted wild buffaloes at midday in the same month, amongst the rocky wilds of central India; but I have never felt any heat that could for an instant bear comparison with that of the latter end of June at Calpee. On a cloudy obscure day it stood at 145 degs. In the shade, even to a stager like myself, the temperature was awfully sickening; and so fierce that, long after sun-set, I was compelled to forego my constant practice of sitting out in the open air. At half an hour after sun-set, the mercury stood at 150 degs. in the open air in the square of the cotton go-downs. At ten o'clock at night, after endeavoring to obtain relief from a couple of well-filled mussucks, the air (when my body was somewhat cooled) was still so heated, that I felt as if I had been quietly immersed in a hot bath.

During the season, several natives died of the *coup de soleil.* One drummer, with two young women, fell dead from this cause within a few miles of the city. The native remedy is unique: the patients (if it can be thrust down their throats) are compelled to swallow a mixture of unripe mangoes roasted and pounded with salt moistened with water.—*Travels in Upper India, by C. J. C. Davidson, Esq.*

Frederick the Great's Antiphlogistic Regimen.—Zimmerman, in his narratives of his interviews with Frederick the Great, of Prussia, says, "To-day the King had taken a great quantity of soup made as usual of the strongest gravy drawn from the most healing things. With his portion he mixed a large table-spoonful of pounded mace and pounded ginger. He then eat a large slice of beef stewed in brandy. This he followed up by a copious allowance of an Italian dish, composed half of maize flower and half of parmesan cheese; to this is added the juice of garlic, and the whole is fried in butter till it acquires a crust as thick as one's finger. This favorite dish is called *polenta.* At length (continues Zimmerman), the King, praising the excellent appetite which the dandelion had given him, concluded the scene with a large plate of eel-pie, hot and highly seasoned. While at table the King fell asleep, and was seized with convulsions.—*London Medical Gazette.*

Hydropathy in France.—Upon an application being made to the French Government for permission to open an hydropathic establishment in Paris, the government referred the subject to the French Academy for their opinion. The following are the conclusions to which the Academy arrived, after mature consideration:—"1, That hydropathy is a dangerous therapeutical method, which does not rest on facts; 2, That its theory is chimerical; 3, That it is in disaccord with our chemical and pathological doctrines; 4, That the Academy cannot in any way approve of it; 5, That the use of cold water has been long in the domain of medicine, and submitted to rules."—*Times.*